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Psycho-Social Aspects of Diabetes Often Overlooked

By Michael Wilson



Diabetes Day Conference lead Theodore Friedman, MD (left) joins Yehuda Handelsman, MD (center) and Mayer Davidson, MD for a panel discussion on management of diabetes.

A Message From the Director

I have been asked a lot lately how the change in the administration will affect DHS. I can't answer the question with any greater certainty than anyone else who reads the newspaper. Best to say a lot is uncertain about how health policy will evolve in the United States.

That being said, the most important thing in health care is taking good care of the patient. In that sense, health care is different than other issues. No one is against good health care. People may argue about who should pay for it, how it should be regulated, and who should provide it. But no one is in favor of bad health care. Therefore our goal at DHS is to continue with the transformation that has allowed us to improve the quality of our patient care without increasing the cost of it. Through our partnership with labor, our clinical improvement teams (CITs), our electronic referral system, our patient centered primary care homes, and our teleretinal screening system we have shown that it is possible to improve care without pushing up its cost. This is a lesson many in the health care system could benefit from, regardless of their political leanings, because the high cost of medical care in the United States results in decreased access for those who most need it. So while I cannot predict exactly what payment forms we will have in 3 to 5 years, I am certain that if we stay on the path of improving care, we will succeed in whatever environment we find ourselves in. Best wishes for a happy, healthy holiday season.



Mitch Katz, MD

Despite gains in diabetes awareness, new classes of drugs, and expansion of health care coverage, the diabetes epidemic will grow and strain health organizations, experts told DHS providers in October. The day-long diabetes conference was targeted to primary care physicians, nurse practitioners, physician assistants and nurses in DHS. Providers were urged to be aware of the social determinants of health, cultural and linguistic barriers, co-occurring mental health disorders, and the personal and family issues going on in patients' lives that can undermine adherence to treatment. Optimal outcomes, they said, require a highly coordinated system of care akin to putting the pieces of a puzzle together. UC Irvine Health Policy Research Institute executive co-director Sherrie Kaplan, Ph.D., MPH, cited studies confirming the impact of active versus passive patient engagement in treatment. "The most incredibly comprehensive evidence-based, protocol-driven treatment plans are not going to work unless the patient is en-

gaged on glycemic control." She described a spectrum of reduced-adherence causes, noting that younger people, women, smokers, and those with compulsive traits can be challenging to manage. Patients who are low-income, depressed, have concurrent medications, or experience poor continuity of care are also at higher risk of disengaging from treatment plans. Identifying and generating personalized treatment interventions should be implemented as part of a comprehensive care program. Keynote speaker Sheldon Greenfield, MD, challenged whether health providers are really tipping the scale in diabetes control even with the medications, research and tools available to them. "Doctors, drugs, and technology are not the answer," he said, "it's about the patients and giving them the right kind of support." Greenfield said care coaches to help patients stay managed between visits are essential elements of a care program. The mental health aspects of chronic disease management

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Engagement & Benefits Fairs Draw Employees

By Elizabeth Jacobi

In October, the Department of Health Services (DHS), SEIU Local 721 (SEIU), and the Union of American Physicians and Dentists (UAPD) partnered to offer Employee Engagement & Benefits Fairs across seven DHS facilities. The Fairs were a great success, with over 2,800 employees attending events held at DHS' Ferguson Complex, MLK Outpatient Center, High Desert Regional Health Center, Harbor-UCLA Medical Center, Olive View-UCLA Medical Center, LAC+USC Medical Center and Rancho Los Amigos National Rehabilitation Center.

Since October was the County's benefits enrollment period, the Fairs gave DHS employees an opportunity to learn more about their benefit choices and become more engaged by visiting the many informational booths sponsored by DHS and our labor partners. Booths included: Kaiser, United Healthcare, LACERA, Horizons, SEIU, AFSCME, UAPD, DHS Rideshare, Return to Work, Human Resources (HR) Payroll, HR FMLA, HR Training & Organizational Develop-



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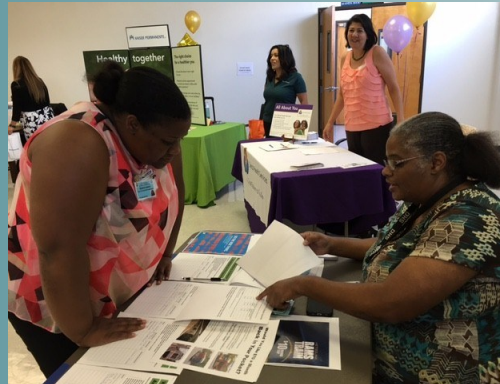
Remembering the Unclaimed Dead



About 200 people took part in an inter-faith memorial service at the County Crematory and Cemetery in Boyle Heights on Wednesday, November 30, to honor the lives of over 1,400 unclaimed dead. Jewish and Christian prayers, Hindu and Buddhist chants, and a reading of Maya Angelou’s “Still I Rise” were part of the solemn program. The County has buried its indigent dead since 1896. Cremated remains are held for three years, and if unclaimed, buried in a mass grave with a single marker indicating year of cremation.



(‘FAIRS’)



ment, HR Recruitment & Exams, Patient Safety, Flu Shots from Employee Health Services, and many others. In response to the 2016 Employee Engagement Survey “Help Build a Healthy Workplace,” all of the Fairs offered a booth on “Pathways to Professional Growth.” Employee Engagement representatives from DHS HR Recruitment & Exams and Training & Organizational Development were on hand to educate staff on how to search and apply for professional opportunities within DHS and the County, and to raise awareness of training opportunities. Participating employees received “I’m Engaged!” stickers. For more information on this engagement effort, please visit: <http://myladhs.lacounty.gov/hr/SitePages/EmployeeEngagementProjects.aspx> Employee feedback from the Fairs has been very positive. Special thanks to SEIU, UAPD, DHS’ Transformation Advocates, DHS Human Resources and all the facility staff who worked hard to make these Fairs a success.

(‘DIABETES’)

were also discussed. UC Irvine Medical School associate professor Dara Sorkin, Ph.D., described the overlap of depression and diabetes and said providers should assess cultural and mental health signals in their diabetes patients, noting higher rates of mental illness among patients with diabetes and among some racial and ethnic groups. “Across different cultures there’s not only differential recognition of what it might mean to have mental illness, but the way depression is expressed may cause confusion in a clinical encounter with the symptoms they are experiencing.” Realizing the enormous problem of diabetes in L.A. County, DHS formed an Endocrinology Specialty/Primary Care Workgroup in 2013 bringing together specialists and primary care providers to develop protocols and expected practices in the patient-centered medical home

(PCMH). Endocrinologist and workgroup chair Theodore C. Friedman, MD, PhD highlighted the success of diabetes group visits at the MLK Outpatient Center and Humphrey Clinic and the planned expansion of obesity group visits across the system. To help providers better manage patients, the workgroup is planning to co-manage empaneled patients using diabetes interventionists and will add expanded protocols to ORCHID. A new [SharePoint site](#) includes educational videos and disease information. DHS chief operations officer Christina Ghaly, MD, said the department has come a long way in 5 years, from a “hodge-podge” of chronic disease registry efforts with “no systematic approach to care for those with chronic illness” to a standardized approach to diabetes care aided by ORCHID and e-Consult. The Enter-

DHS Prepares for ‘Whole Person’ Care

By Clemens Hong, MD

In July, DHS submitted an application for an integrated services program on behalf of Los Angeles County. The Whole Person Care Pilot, a program within the Medi-Cal 2020 Waiver, will bring \$900 million to the County over 5 years to strengthen our infrastructure to support the sickest and most vulnerable Medicaid beneficiaries. Whole Person Care (WPC) programs will focus on five target populations: 1) individuals experiencing homelessness, 2) justice-involved individuals, and individuals who are high-utilizers of acute care services due to 3) serious mental illness, 4) substance use disorders, and/or 5) complex medical issues. WPC’s homeless programs will allow DHS’ Housing for Health division to expand operations, extending interim and permanent supportive housing, care management and tenancy support services, recuperative care, and sobering center services to thousands of homeless individuals with complex physical and behavioral health conditions. We will use WPC funding to build the largest re-entry program in the country and help numerous incarcerated individuals transition safely back to the community. This program will use community health workers (CHWs) who, working under the supervision of social workers, will help link clients to primary health care, mental health and/or substance use disorder treatment, and community organizations to address their social service needs. Through WPC, the County will greatly expand efforts to create jobs for CHWs who will help patients navigate healthcare and social services. CHWs, with shared lived experience, will play key roles in multiple WPC programs designed for individuals with serious mental illness, substance use disorders, and/or complex medical conditions who have recurrently hospitalizations or frequently visit emergency departments. WPC, though DHS-led, is truly a countywide effort. Healthcare and social service delivery entities will partner with us across the County and refer their eligible clients for WPC services, allowing us to serve the most vulnerable individuals through a “no wrong door” approach. WPC will build a more integrated health delivery system to help ensure that Los Angeles County’s most vulnerable clients have the resources and support they need to thrive.

prise Life Management (ELM) empanelment platform coming next year will be supported by a disease registry that, combined with new staffing models and expansion of the community health worker (CHW) program, will help providers better manage diabetic patients, she said. In addition to learning from a variety of clinical experts, participants heard a passionate poetry reading by a teen dealing with the impact of diabetes, and took part in a high-energy aerobics exercise break. A series of breakout sessions were held on topics including the Healthy-Intent patient portal, gastroparesis prevention and treatment, engaging the disengaged, and prediabetes and obesity. Video highlights from the conference will be available soon.